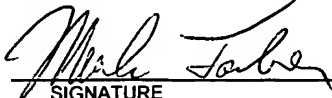


<b>TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>		<b>ATTORNEY'S DOCKET NUMBER</b> 2866 (203-4509) <b>U.S. APPLICATION NUMBER (If known, see 37 CFR 1.5)</b> 10/1529799 To Be Assigned
<b>INTERNATIONAL APPLICATION NO.</b> PCT/US2003/031716	<b>INTERNATIONAL FILING DATE</b> 06 October 2003	<b>PRIORITY DATE CLAIMED</b> 04 October 2002
<b>TITLE OF INVENTION</b> SURGICAL STAPLER WITH UNIVERSAL ARTICULATION AND TISSUE PRE-CLAMP		
<b>APPLICANT(S) FOR DO/EO/US</b> Lee Ann Olson, Ralph A. Stearns, Clifford L. Emmons		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371. 3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input checked="" type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825. 18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information: <b>Return Postcard, Cert. of Express Mail</b>		

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

U.S. APPLICATION NO. (if known) <b>10/529799</b> To Be Assigned		INTERNATIONAL APPLICATION NO. PCT/US2003/031716		ATTORNEY'S DOCKET NUMBER 2866 (203-3509)	
The following fees have been submitted				CALCULATIONS	PTO USE ONLY
21. <input checked="" type="checkbox"/> Basic national fee..... \$300				\$ \$300.00	
22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)..... \$100 All other situations..... \$200				\$ \$200.00	
23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100 International Search Report prepared and provided to the Office..... \$400 All other situations..... \$500				\$ \$500.00	
<b>TOTAL OF 21, 22 and 23 =</b>				\$ \$1,000.00	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
- 100 =	/50 =		x \$250	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	16 - 20 =	0	x \$ 50	\$ \$0.00	
Independent claims	2 - 3 =	0	x \$200	\$ \$0.00	
MULTIPLE DEPENDENT CLAIM(S) (if applicable) 0			+ \$360	\$ \$0.00	
<b>TOTAL OF ABOVE CALCULATIONS =</b>				\$ \$0.00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.					
<b>SUBTOTAL =</b>				\$ \$1,000.00	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).				\$	
<b>TOTAL NATIONAL FEE =</b>				\$ \$1,000.00	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				\$ \$40.00	
<b>TOTAL FEES ENCLOSED =</b>				\$ \$1,040.00	
				Amount to be refunded:	\$
				Amount to be charged:	\$ \$1,040.00
<p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>21-0550</u> in the amount of \$ <u>\$1,040.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>21-0550</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
<p><b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.</p>					
<p>SEND ALL CORRESPONDENCE TO:</p> <p>U.S. Surgical, a division of TYCO Healthcare Group, LP 150 Glover Avenue Norwalk, CT 06856 Telephone: (203) 845-1000 Fax: (203) 845-4266</p>					
				 SIGNATURE Mark Farber NAME Reg. No. 34,159 REGISTRATION NUMBER	

10/529799

Docket: 2866  
JCI7 Rec'd PCT/PTO 30 MAR 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Lee Ann Olson, et al.

Examiner: To Be Assigned

Group Art Unit: To Be Assigned

Serial No: To Be Assigned

Filed: Concurrently Herewith

For:

**SURGICAL STAPLER WITH UNIVERSAL ARTICULATION  
AND TISSUE PRE-CLAMP**

CERTIFICATE OF EXPRESS MAILING

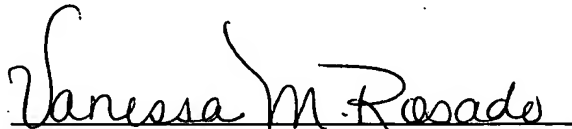
"Express Mail" Mailing Label No.: EU 799732745 US

Date of Deposit: March 30, 2005

I hereby certify that the following:

- ☒ This Certificate of Express Mailing
- ☒ Transmittal Letter to the U.S. Designated/Elected Office (DO/EO/US) Concerning a Filing Under 35 USC 371
- ☒ Fee Transmittal
- ☒ Preliminary Amendment
- ☒ Executed Patent Assignment for Recording
- ☒ Recordation Cover Sheet
- ☒ A patent application consisting of 45 pages of abstract, specification and claims
- ☒ 20 sheets of ☒ formal ☐ informal drawings
- ☒ Executed Declaration and Power of Attorney
- ☒ Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to the Mail Stop Patent Application, Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.

  
Vanessa M. Rosado

United States Surgical, a division of  
TYCO HEALTHCARE GROUP LP  
150 Glover Avenue  
Norwalk, CT 06856  
(203) 845-1172

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) \$1040.00**Complete if Known**

Application Number	To Be Assigned <b>10/529799</b>
Filing Date	Concurrently Herewith
First Named Inventor	Lee Ann Olson, et al.
Examiner Name	Unknown
Art Unit	Unknown
Attorney Docket No.	2866

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: **21-0550** Deposit Account Name: **U.S. Surgical Corp.**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$1000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>16</u> - 20 or HP = <u>0</u> x <u>50</u> = <u>000</u>			

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
<u>2</u> - 3 or HP = <u>0</u> x <u>200</u> = <u>000</u>			

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>65</u> - 100 = <u>        </u> / 50 = <u>        </u> (round up to a whole number) x <u>250</u> = <u>        </u>				

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

Other (e.g., late filing surcharge): Recording Patent Assignment

\$40.00

**SUBMITTED BY**

Signature	<i>Mark Farber</i>	Registration No. (Attorney/Agent) 34,159	Telephone 203-845-1059
Name (Print/Type)	Mark Farber, Vice President, Intellectual Property		Date <i>March 29, 2005</i>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**BEST AVAILABLE COPY**